

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTLAND HOUSE OF PIONEER RIDGE (0009147)

Address: 1480 BEARS COURT, PLATTEVILLE, WI 53818

License Status: REGULAR

Licensed/Certified/Registered 06/01/2001

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096809 **End Date:** 04/10/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008364 Served 04/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING		
83.21(4)(t)	INCOMPETENCY		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0095245 **End Date:** 07/19/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0094132 End Date: 01/21/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008109 Served 02/17/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/10/2006	Yes
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/10/2006	Yes

Survey ID: 0093700 End Date: 10/28/2004 Type: STANDARD Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008060 Served 12/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	01/21/2005	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	01/21/2005	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION	01/21/2005	Yes
	DISCLOSURE FORM		
83.11(3)(a)	RESPONSIBILITIES	04/10/2006	Yes
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/10/2006	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/21/2005	Yes
83.21(4)(t)	INCOMPETENCY	01/21/2005	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	01/21/2005	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	01/21/2005	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	01/21/2005	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	01/21/2005	Yes
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	01/21/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0092067 **End Date:** 02/05/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007936 Served 03/06/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro 50.065(4m)(c)	ENTITY BACKGROUND CHECK REQUIREMENTS COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(1)(c)	UNIVERSAL PRECAUTIONS	10/29/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	10/29/2004	Yes
83.16(2)	RESPITE CARE RESIDENTS	10/29/2004	Yes
83.21(4)(t)	INCOMPETENCY		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	10/29/2004	Yes
83.32(4)(a)	PERSONS IN RESPITE CARE	10/29/2004	Yes
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	10/29/2004	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS		
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 04/28/2006 **SOD #10008364** **Appealed: Yes** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.14(1)(a)
FORFEITURE---83.21(4)(t)
FORFEITURE---83.42(3)(f)

Date: 02/14/2005 **SOD #10008109** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.11(3)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)

Date: 11/29/2004 **SOD #10008060** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
FORFEITURE---50.065(2)(b)
FORFEITURE---50.065(4m)(c)
FORFEITURE---83.11(3)(a)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(4)(t)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.42(2)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date: 03/05/2004

SOD #10007936

Appealed: No

Sanctions

FORFEITURE---50.065(2)(b)
FORFEITURE---50.065(4m)(c)
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)
FORFEITURE---83.33(3)(i)2

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 06/15/2005

Date Investigation Completed: 07/19/2005

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/01/2004

Date Investigation Completed: 10/29/2004

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
10008060

Date Complaint Received: 12/09/2003

Date Investigation Completed: 02/09/2004

Subject Area(s)
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.